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WALTER M. DICKIE, M.D., DIRECTOR

Weekly



Bulletin

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GUY P. JONES
EDITOR

TREATMENT OF POLIOMYELITIS.

By F. F. GUNDRUM, M.D., Vice President State Board of Public Health.

The excellent work, experimental and clinical, done within the past few years by Dr. Karl F. Meyer and the late Dr. E. C. Fleischner, seems to have established that convalescent serum, given intramuscularly to children in the early stages of acute anterior poliomyelitis, is of great clinical benefit. The collection, preparation and storing of this serum has been done at the Hooper Foundation Laboratories under the personal direction of Dr. Meyer. The process of serum collection is expensive and technically difficult and the demand large. The serum is, therefore, not available to many smaller communities.

Poliomyelitis is particularly a rural disease and, if it were possible to have at hand a supply of convalescent serum in the country much good might follow. Fortunately, this is not impossible. Whole blood, taken from children who have recently recovered from poliomyelitis, can be given intramuscularly with the same effect upon the disease as convalescent serum. This practice has the disadvantage that a somewhat larger dose is necessary and occasional unpleasant induration may appear in the muscles at the site of injection, due to the mass of corpuscles. However, these objections are slight compared with the good which may be done.

If a census of the names and addresses of recently recovered children in each neighborhood were at hand it might be possible quickly to obtain a few ounces of blood at a critical time. This census could be easily obtained by the health officer to whom a report of all cases are made by the practitioners. A form letter could be gotten out explaining the need and requesting statements from parents as to their willingness to allow this withdrawal of two or three ounces of blood. Also what fee they would expect, if any. Upon an affirmative reply the child should have a blood Wassermann done. If no local laboratory is equipped for this work, blood may be sent to the Bacteriological Laboratory of the State Department of Public Health at Berkeley. Negatives are then put upon a list from which the health officer could supply physicians upon request.

The procedure of injection is extremely simple, the withdrawal by the physician of from 50 cc to 75 cc of blood from the median basilic vein of the donor and immediately injected into the lateral thigh muscles of the recipient with an ordinary Luer syringe.

By this method there can be built up in each community a group of known and tested donors through whose services the lives of many children may be saved. It is believed that antibodies

persist for a long period in the blood of those who have recovered so that a donor, once tested, would be available for some years. Dr. W. W. Cress, City Health Officer of Sacramento, is now beginning the preparation of such a list of donors. This arrangement, while not ideal, is workable and is suggested as a substitute in smaller communities where laboratories are not available.



Toxin-Antitoxin Checks Diphtheria.

"With the development of a safe and effective means of protecting children on a large scale against the hazard of diphtheria has come a new era in the fight against this disease," states the American Association for Medical Progress, in the new issue of its pamphlet, "Diphtheria—Curable and Preventable." The report points out that in New York City, where toxin-antitoxin campaign was begun about five years ago, approximately 500,000 children have been immunized. During this five-year period, 1922-1926, the average number of cases per year dropped 34 per cent over the previous five years, 1917-1921, and the average number of diphtheria deaths declined 41 per cent, which represents a saving of more than 450 lives for each year.

In 1926, among seventy larger cities of the country, New Haven, Connecticut, and Youngstown, Ohio, shared the distinction of having the lowest diphtheria mortality rate, that of 0.6 per 100,000 population. This low record marks a decline from 18.5 for Youngstown and 7.1 for New Haven for the five-year period, 1920-1924. Both reductions coincide with the general immunization of children by means of toxin-antitoxin in the respective cities. Among the 36,000 school children in New Haven, there has not been a single death from diphtheria in the past two school years, and of the 25 children who had diphtheria, 24 had never received toxin-antitoxin treatment.



Most people apply common sense to 'most everything except health, either personal or community.—Ohio Health News.



Porterville Has New Health Officer.

Dr. J. W. Nicholson has been appointed City Health Officer of Porterville to succeed Dr. Harry J. Wiley.

Take Census of Nurses in Industry.

The first Census of Public Health Nursing in the United States, which was published by the National Organization for Public Health Nursing in 1926, has proved of great value. Not only does it contain information as to the number of public health nurses there are in the United States, but it also tells where they are working, who employs them and the kind of nursing care they give. From these data anyone interested in organizing a public health nursing service, either under an official or nonofficial agency, can find out what other communities are doing in this field.

All phases of public health nursing, however, were not included in this report. No information was gathered as to hospital social service, dispensary, and industrial nursing, the plan being at some future time to make studies of these particular phases. The Statistical Service of the National Organization for Public Health Nursing is now getting ready to make one of these studies, that of industrial nursing, which will be known as the Census of Nurses in Industry.

At present there is little definite information anywhere as to how many nurses are working in industry, where and in what industries they work and what they do. Therefore, it is planned to make the study as inclusive as possible. By industry is meant not only manufacturing interests, but the term is used to include all types of business, such as mining, commerce and trade, transportation, public service and others. Likewise, the study will include not only nurses who are employed directly by such companies, but the nurses, employed by various nursing organizations and others who work in industries or give nursing service to employees. When the study is complete we hope it will be possible to give for nurses in industry the information we can now give for public health nurses in general; how many there are, where they work, who employs them and what nursing service they give.

The National Organization for Public Health Nursing would appreciate receiving from anyone interested the names of firms, companies, associations, various offices, insurance companies, hotels and large buildings which employ nurses or buy nursing service. Suggestions as to whom to write for information would also be very welcome. All information should be sent to Statistical Service, National Organization for Public Health Nursing, 370 Seventh Avenue, New York City.

Every Child Has Right to Be Healthy.

A radio talk, broadcast recently by the New York State Department of Health, reads as follows:

"Every child has the right not only to be born healthy, having a physical inheritance that will insure him to be able to meet the trials and exigencies of life that is daily growing more complex, but he also has the right to an education, an environment that will allow him to develop into a good and useful citizen.

It has been said that "whatever is inimical to the welfare of the child and family threatens the welfare of the state." This has become such an established fact that this century has been referred to as the 'Century of the Child.'

When children are crippled, blinded, paralyzed or reduced to imbecility and incapacity the state is deprived of citizens who should have been self-supporting and useful and, in addition to this, it is compelled to build and maintain institutions for these human derelicts.

The diseases which have the most devastating influence on the race, that are the causes of the most sociologic and economic disturbance due to their pernicious and far-reaching influence on youth, are the so-called social diseases: in medical parlance, gonorrhea and syphilis.

The responsibility of properly raising children shall always be upon parents in spite of the obvious desire of many to have the state train, educate and care for their children. For generations parents have side-stepped their personal responsibility to their children, the modern tendency apparently being to depend upon the state for their entire education."



Our government was created and is maintained for the general welfare. Is any item in general welfare more important than the lives and the health of the people?



"Ah! what avail the largest gifts of Heaven,
When drooping health and spirits go amiss?
How tasteless then whatever can be given!
Health is the vital principle of bliss,
And exercise of health."

THOMSON—Castle of Indolence.



MORBIDITY.*

Diphtheria.

61 cases of diphtheria have been reported, as follows: Alameda County 1, Albany 1, Berkeley 1, Oakland 6, Gridley 1, Fresno 1, Brawley 1, Kern County 2, Los Angeles

County 5, El Monte 1, Long Beach 1, Los Angeles 16, Pomona 1, Modoc County 1, Orange County 4, Riverside 1, Hollister 1, San Diego 1, San Francisco 7, Stockton 1, Daly City 1, Santa Clara County 1, Sonoma County 1, Stanislaus County 1, Yuba City 1, Tulare County 1, Marysville 1.

Scarlet Fever.

75 cases of scarlet fever have been reported, as follows: Alameda 2, Oakland 6, Fresno County 2, Los Angeles County 11, Alhambra 1, Beverly Hills 1, Long Beach 2, Los Angeles 20, Monrovia 1, Fullerton 3, Santa Ana 2, Riverside 2, Sacramento 1, San Diego 3, San Francisco 3, San Joaquin County 2, Stockton 1, San Luis Obispo 1, Redwood City 3, Santa Clara County 1, San Jose 1, Vacaville 1, Sonoma County 1, Tehama County 1, Tuolumne County 2, Ventura County 1.

Measles.

36 cases of measles have been reported, as follows: Albany 1, Berkeley 2, Oakland 3, Lassen County 1, Los Angeles 7, San Fernando 1, Salinas 1, Brea 1, Riverside 2, Ontario 1, San Diego 1, San Francisco 9, San Luis Obispo County 1, San Jose 1, Tuolumne County 4.

Smallpox.

10 cases of smallpox have been reported, as follows: Oakland 4, San Leandro 1, Sacramento 4, Santa Barbara County 1.

Typhoid Fever.

19 cases of typhoid fever have been reported, as follows: Fresno County 3, Holtville 1, Lassen County 3, Auburn 1, Sacramento County 1, San Diego County 1, San Diego 1, San Francisco 2, Tulare County 1, Dinuba 1, Ventura County 1, California 3.

Whooping Cough.

70 cases of whooping cough have been reported, as follows: Berkeley 2, Oakland 20, Bakersfield 1, Los Angeles County 6, Compton 2, Glendora 2, Inglewood 1, Long Beach 1, Los Angeles 6, Orange County 2, Fullerton 3, Santa Ana 2, Riverside County 1, Sacramento 1, San Diego County 1, San Diego 7, San Francisco 8, Palo Alto 1, Sonoma County 1, Petaluma 2.

Meningitis (Epidemic).

4 cases of epidemic meningitis have been reported, as follows: Los Angeles County 1, Los Angeles 1, Santa Ana 1, San Diego 1.

Encephalitis (Epidemic).

Pomona reported one case of epidemic encephalitis.

Food Poisoning.

9 cases of food poisoning have been reported, as follows: Los Angeles County 8, South Gate 1.

Poliomyelitis.

43 cases of poliomyelitis have been reported, as follows: Oakland 1, Amador County 1, Calaveras County 1, Del Norte County 1, Humboldt County 1, Eureka 4, Lassen County 2, Los Angeles County 2, Long Beach 1, Los Angeles 8, Roseville 1, Sacramento 4, Ontario 1, San Diego 1, San Francisco 4, San Joaquin County 2, San Luis Obispo 1, San Jose 1, Fairfield 1, Vallejo 1, Sonoma County 1, Santa Rosa 1, Tehama County 1, California 1.

*From reports received on September 26th and 27th, for week ending September 24th.

COMMUNICABLE DISEASE REPORTS.

Disease	1927				1926			
	Week ending			Reports for week ending Sept. 24 received by Sept. 27	Week ending			Reports for week ending Sept. 25 received by Sept. 28
	Sept. 3	Sept. 10	Sept. 17		Sept. 4	Sept. 11	Sept. 18	
Anthrax	0	0	0	0	0	0	0	0
Botulism	0	0	0	0	0	0	0	0
Chickenpox	45	28	84	36	29	48	60	75
Diphtheria	98	92	91	61	90	62	78	165
Dysentery (Bacillary)	0	1	1	1	0	1	1	0
Encephalitis (Epidemic)	0	1	3	1	0	1	3	2
Food Poisoning	0	0	0	9	0	0	0	0
Gonococcus Infection	113	102	82	86	148	84	135	86
Influenza	5	5	10	5	6	5	8	22
Jaundice (Epidemic)	0	0	3	0	0	0	0	0
Leprosy	0	0	1	1	0	0	1	1
Malaria	0	4	6	1	3	1	9	0
Measles	27	24	40	36	143	186	254	326
Meningitis (Epidemic)	3	3	4	4	2	2	2	2
Mumps	22	34	53	65	60	53	104	84
Paratyphoid Fever	1	1	1	1	3	2	0	0
Pneumonia (Lobar)	30	18	54	26	17	25	25	26
Poliomyelitis	67	70	79	43	4	9	12	4
Rabies (Animal)	8	5	4	9	6	14	6	7
Rabies (Human)	0	0	0	0	1	0	0	0
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0
Scarlet Fever	39	50	85	75	66	67	74	97
Smallpox	7	6	7	10	7	10	1	4
Syphilis	126	159	162	147	164	84	191	99
Tetanus	1	2	1	1	0	2	3	2
Trachoma	0	1	2	1	1	3	3	10
Trichinosis	0	0	0	0	0	0	0	0
Tuberculosis	181	121	161	200	174	137	135	130
Typhoid Fever	12	14	14	19	20	21	28	10
Typhus Fever	0	0	0	0	0	0	0	0
Whooping Cough	102	82	161	70	43	53	70	69
Totals	887	823	1109	908	987	870	1203	1218

COMMUNICABLE DISEASES BY AGE GROUPS, AUGUST, 1927.

Disease	0-1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55+	Adult
Chickenpox	16	74	68	21	9	8	6	1	2		1
Diphtheria	6	97	111	39	25	27	30	12	5	8	7
Encephalitis (Epidemic)	1		1			1	2	1	2		1
Erysipelas	2	2		4		2	2	6	4	7	2
German Measles	3	8	6	7	5	3					1
Gonococcus Infection	4	10	10	4	52	172	172	52	25	6	10
Measles	14	101	63	26	8	5	4	6	1		9
Meningitis	1	4		2	2	3	1		1		1
Mumps	1	23	44	24	8	8	9	3			7
Pneumonia	12	12	8	3	1	7	12	14	17	47	2
Poliomyelitis	7	84	100	63	23	16	10	4	2		1
Scarlet Fever	3	58	81	49	20	9	15	1	1	1	4
Smallpox		1	8	4	2	2	5	1	5	1	
Syphilis	10	2	9	8	31	96	179	129	88	45	
Tuberculosis	3	15	38	40	89	151	242	167	102	80	8
Typhoid Fever		4	17	16	19	10	7	10	7		
Whooping Cough	68	312	245	21	8	1	2	3	1		

CALIFORNIA STATE PRINTING OFFICE